

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

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LOBBYIST REGISTRATION FORM STATE OF HAWARE STATE ETHICS COMMISSION (Type or Print Clearly)

PARTI LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE** 539-0843 Tiffany N. Yajima MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAII** tyajima@awlaw.com (State) (City) (Zip Code) Honolulu Hawaii 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Ashford & Wriston LLP 539-0400 MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (State) (Zip Code) (City) Honolulu Hawaii 96813

PART II ORGANIZATION	····	
NAME OF ORGANIZATION YOU L	TELEPHONE 202-463-6702 FAX	
American Beverage Assoc		
MAILING ADDRESS (Street)		
1101 16th Street NW		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20036
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
James A. McGreevy III		202-463-6702
MAILING ADDRESS (Street)		FAX 202-659-5349
1101 16th Street NW		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20036

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts. Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Jeffer N. Yry 1/18/13			1/18/13	
(Signature of Lobbyist)		****	(Date)	
<u> </u>		-		
PART V AUTHORIZATION TO LOBBY				
NAME				
James A. McGreevy III				
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
American Beverage Association			202-463-6702	
MAILING ADDRESS (Street)			FAX 202-659-5349	
1101 16th Street NW			EMAIL	
(City)	(City) (State)		(Zip Code)	
Washington	DC		20036	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
Ja Mathr =			1-10-13	
(Signature of Authorizing Officer or Person Represented)			(Date)	

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